

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538453

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1				
3		2		1		
4		①		1		
5	1		1			
6		①		1		
7		①		1		
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TOTAL IND.	2		2			
TOTAL DEP.	6	↔	5	↔	↔	
TOTAL CLAIMS	8		7			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.		↔			↔	
TOTAL CLAIMS					↔	